

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 1, 1996

ALL COUNTY LETTER NO. 96-60**TO: ALL COUNTY WELFARE DIRECTORS****REASON FOR THIS TRANSMITTAL**

- State Law Change
 Federal Law or Regulation Change
 Court Order
 Clarification Requested by One or More Counties
 Initiated by CDSS

SUBJECT: GRANT CUTS AND REGIONALIZED GRANTS FOR THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) PROGRAM

REFERENCES: MPP 40-187, 44-115 44-211 and 44-315
 Assembly Bill (AB) 1608, Chapter 307, Statutes of 1995
 Senate Bill (SB) 1780, Chapter 206, Statutes of 1996

Introduction

The purpose of this letter is to provide County Welfare Departments (CWDs) with emergency regulations, implementation instructions, Notices of Action (NOAs) and mass informing stuffers necessary to implement statewide grant cuts and regionalized grants in the AFDC program effective January 1, 1997. These instructions are being issued in anticipation of federal approval of the California Temporary Assistance for Needy Families (TANF) State Plan. This letter will serve as the only notification to counties of these changes unless the Plan is not accepted. We expect to receive the necessary certification of completeness by the federal government by the end of November, 1996.

The attached emergency regulations provide for a reduction in Maximum Aid Payment (MAP) amounts used in cash assistance programs statewide by 4.9%. In addition, counties are divided into two regions based on the lowest quartile rents as reported on the 1990 Census. For counties in Region 2, there will be a further 4.9% reduction in MAP amounts and a 4.9% reduction in Minimum Basic Standard of Adequate Care (MBSAC) amounts.

This letter includes:

ATTACHMENT	SUBJECT
1	A summary of the changes and implementation instructions
2	A copy of the proposed regulations
3	Copies of the required mass informing stuffers
4	Copies of the applicable NOAs
5	A summary of the changes in MAP and MBSAC in tabular form

Mass Informing Stuffer

There are two mass informing stuffers. Copies are included in this package. The TEMP 2134 is for use in Region 1 counties. The TEMP 2134A is designed for Region 2 counties. The stuffers provide information about the changes in cash aid standards and act as an advance alert to recipients. The stuffer includes the State's toll-free number. Those calling the number will hear a taped message concerning the changes. The taped message can be accessed in both English and Spanish. The stuffer must be sent to current recipients so that it is received no later than December 21, 1996. Upon county request, the CDSS Forms Management Unit will supply camera-ready copies of the stuffer in English and Spanish.

Cash Aid NOAs

Copies of the applicable cash aid NOAs (ATTACHMENT 4) are included in this package. Implementation instructions for these NOAs are also included. Notices are provided in English and Spanish.

Translated Forms and NOAs

The CDSS Language Services Bureau will send camera-ready copies of all forms and NOAs as translated into Cambodian, Vietnamese and Chinese to the applicable County Forms Coordinator upon request. Such translations are available approximately 30 days from the date of this letter.

Food Stamps

Adjustments in Food Stamp benefits resulting from cash aid changes are considered a mass change as provided in MPP 63-504.392. The mass informing stuffer contains the information necessary to advise Food Stamp recipients of benefit changes. An individual Notice of Change (DFA 377.4) is not required if the sole reason for the change in benefits is the MAP change itself.

California Work Pays Demonstration Project (CWPDP) Research Counties (Alameda, San Joaquin, San Bernardino and Los Angeles)

Cases assigned to experimental status will be subject to the cash aid changes. Cases in control status will not be subject to the changes and will continue to be paid using the July 1992 MAP and MBSAC standards. It is recommended that the mass informing stuffer not be sent to cases in control status. However, if this is not possible, the county may add the following language to the stuffer:

"If you are a member of the control group of the California Work Pays Demonstration Project, these changes do not apply to you."

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Amend Section 40-187 to read:

40-187 INTERCOUNTY TRANSFERS - GENERAL

40-187

.1 (cont.)

.2 County Responsibility for Payment of Aid When a Recipient Moves from One County to Another to Make His/Her Home Between Counties

.21 Payment Responsibility

There shall be no interruption or overlapping in payment of aid as a result of a recipient moving from one county to another county to make his/her home.

.211 General Rule

The first county is responsible for continuing eligibility and payment of aid until the "transfer period," (as defined in Section 40-187.15 above) expires, at which time the county in which the recipient is making his/her home becomes responsible.

.212 Intraprogram Status Change

An intraprogram status change, as provided in Section 40-183, does not alter the "transfer period", nor does it constitute a discontinuance for cause. Therefore, if the intraprogram status change occurs before the expiration of the transfer period, the first county's responsibility for a cash grant continues until the end of the transfer period.

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If the intraprogram status change is from medically needy to cash grant status, see Sections 40-125.3 and 40-183.5 for county responsibility for determination of eligibility and payment of aid. Also, see Medi-Cal Eligibility Manual Section 50136 for county responsibility for continued Medi-Cal eligibility.

HANDBOOK ENDS HERE

.22 Exceptions to Interecounty Transfer Payment Responsibility Rule

The following are exceptions to the general rule:

.221 Foster Care Placement

Where the first county places the child in a foster home in a second county, the first county retains responsibility for payment of aid (see Section 40-125.8).

ATTACHMENT 2 - Draft Regulations

ATTACHMENT 1

Intercounty Transfers

Because of the difference in MAP and MBSAC amounts between regions, certain provisions regarding ICTs have changed. These changes will take effect for new and pending ICTs as of January 1, 1997. Consider County A to be the former county of residence and County B to be the new county of residence. Here is a summary of situations and treatment:

IF	AND	THEN
Child placed into AFDC-FC		No transfer County A responsible County A MAP/MBSAC
ICT	No changes to Assistance Unit (AU) during transfer period	Continue transfer County A responsible County A MAP/MBSAC Add new persons to County A AU
	Caretaker relative or parent(s) apply during transfer period	
	AU joins home with only aided parent(s) or caretaker relative	
	Application during transfer period for persons other than child's parent or caretaker relative and applicant(s) will be included in same AU	
	AU joins home with aided persons other than parent(s) or caretaker relative who will be included in same AU	Cancel transfer County B responsible County B MBSAC/MAP Add persons to County B AU
Any AU	Homeless Assistance request	Request must be made in county of residence Use MAP for county of residence

ATTACHMENT 1 - Summary of Regulation Changes and Implementation Instructions

New MAP and MBSAC Standards

Under the new regulations, California is divided into two regions. This division is based on the lowest quartile rents reported in the 1990 Census. Region 1 contains counties with higher housing costs. Region 2 contains all other counties.

MAP amounts statewide are reduced by 4.9%. There is a further MAP reduction of 4.9% applicable to counties in Region 2. This amounts to a 9.56% decrease in MAP amounts for counties in Region 2. MBSAC amounts for counties in Region 2 are reduced by 4.9%. There is no change in MBSAC for counties in Region 1.

The regulations become effective on January 1, 1997 for:

- New and pending applications for cash aid.
- Continuing cash aid cases.
- New and pending intercounty transfer (ICT) actions.
- New and pending requests for Homeless Assistance (HA).

Exempt and Nonexempt AUs

There are no exemption criteria associated with the regionalization MAP and MBSAC cuts. However, under the terms of the APDP/CWPDP and the Beno court order, exemption criteria are appropriate for prior grant reductions. See All-County Letter (ACL) 96-28.

State Hearings

When a county appeals office receives a request for a State Hearing involving the MAP or MBSAC reductions, the request should be forwarded to the CDSS Administrative Adjudications Division (CDSS-AAD) and assigned to a County Appeals Representative/Specialist for immediate follow-up action. If a hearing request is filed before the effective date of the action, the county must issue aid paid pending based on the MAP and/or MBSAC standards levels which were in effect in December 1996.

These hearing requests will not be dismissed under MPP Section 22-054.4. The requests will be heard individually or in group hearings.

Contacts

If you have questions regarding this letter, please contact the following:

Subject	Contact Person	Phone
Regulations	Jim Lucas	(916) 654-1059 or CALNET 464-1059
AFDC Implementation	Jim Lucas	(916) 654-1059 or CALNET 464-1059
Mass Informing Stuffers	Jan DeSilva	(916) 657-2314 or CALNET 437-2314
AFDC NOAs	Pam Kian	(916) 654-1801 or CALNET 464-1801
Translations	CDSS Language Services	(916) 654-1282 or CALNET 464-1282
Camera-ready copies	CDSS Forms Management	(916) 657-1907 or CALNET 437-1907
Food Stamps	Melissa Buchanan	(916) 654-8467 or CALNET 464-8467
State Hearings	Rosie Morefield	(916) 229-4156 or CALNET 424-4156
Demonstration Projects	Leslie Raderman	(916) 657-2357 or CALNET 437-2357

Sincerely,



BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Attachments

ATTACHMENT 1

ICT Examples (cont.)

Example 5 - ICT - Joins Home of Aided Persons Required to be Included

An AFDC-FG AU consisting of a child and the child's caretaker relative moves from County A, a Region 1 county, to County B, a Region 2 county. The AU joins the home of two other persons, both of whom are aided in County B and who will be included in the AU with the AU that moved. County A cancels any ICT and discontinues the case. County B becomes responsible. The MBSAC and MAP for County B (the lower Region 2 amounts) are used. County B processes the case to add the new members or deny the request for aid.

Example 6 - ICT - Other Persons Apply During Transfer Period

An AFDC-FG AU consisting of a child and the child's caretaker relative moves from County A, a Region 1 county, to County B, a Region 2 county. The AU joins the home of the unaided stepparent. Subsequently, during the transfer period, the unaided stepparent requests aid. This applicant will be included in the AU with the AU that moved. County A processes to add the applicant or deny the request. County A remains responsible. The MBSAC and MAP for County A (the higher Region 1 amounts) are used during the transfer period.

Example 6 - ICT - Request for Homeless Assistance

An AFDC-FG AU consisting of a child and the child's caretaker relative moves from County A, a Region 1 county, to County B, a Region 2 county. The AU requests transfer and County A initiates an ICT. During the transfer period, the AU requests an HA payment. Since the request is for a Temporary Shelter payment, the request goes to the county where the AU is physically present and intends to reside, which is County B. County B makes the HA payment based on the County B MAP amount.

ATTACHMENT 1

ICT Examples

Example 1 - ICT - No Composition Change During Transfer Period

An AFDC-FG AU moves from County A, a Region 1 county, to County B, a Region 2 county. There are no changes to the AU during the transfer period. County A initiates the ICT. County A remains responsible. The MBSAC and MAP for County A (the higher Region 1 amounts) are used during the transfer period.

Example 2 - ICT - Caretaker Relative Applies During Transfer Period

An AFDC-FG AU consisting of a child only moves from County A, a Region 2 county, to County B, a Region 1 county. During the transfer period, the child's caretaker relative applies for aid, but there are no other applicants. County A initiates the ICT and processes to add the caretaker relative or deny the request. County A remains responsible. The MBSAC and MAP for County A (the lower Region 2 amounts) are used during the transfer period.

Example 3 - ICT - Parent Applies During Transfer Period

An AFDC-FG AU consisting of a mother and two children moves from County A, a Region 2 county, to County B, a Region 1 county. During the transfer period, the children's father applies for aid, but there are no other applicants. County A initiates the ICT and processes to add the parent or deny the request. County A remains responsible. The MBSAC and MAP for County A (the lower Region 2 amounts) are used during the transfer period.

Example 4 - ICT - Parent Only Aided in Second County

An AFDC-FG AU consisting of a child only moves from County A, a Region 2 county, to County B, a Region 1 county. The child joins the home of the child's mother, who is aided based on an excluded SSI/SSP child. County A initiates the ICT and processes to add the mother or deny the request. County B discontinues its case. County A remains responsible. The MBSAC and MAP for County A (the lower Region 2 amounts) are used during the transfer period.

.222 Creation of
New AU

Where an AFDC child moves intercounty to the home of his/her parent or relative who is receiving AFDC-FG or -U from the second county and the parent or relative requests continued AFDC for that child, or where the parent or relative applies for AFDC for that child or that child and other persons children, the first county's responsibility for payment of AFDC during the transfer period is computed as follows:

- (a) Parent(s)
and/or
Caretaker
Relative
- If the new AU-FBU consists of only the transferred child and the parent(s) or relative caretaker relative, the first county is responsible for eligibility and the entire AFDC aid payment.

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EXAMPLE

A child receiving AFDC-FC from County A moves from County A to live with his mother, who is residing in County B. The mother applies for AFDC for the child.

There are no other children in the home. County A remains is responsible for eligibility and payment of AFDC for a two-person AU FBU (i.e., mother and child) during the transfer period.

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(b) Existing
AU

If the new AU FBU consists of the transferred child, the parent(s) or relative caretaker, and other AFDC eligible children, the county's financial responsibility is limited to the difference between the AFDC aid payment computed including, and then excluding, the transferred child. and persons currently aided in the second county other than the parent(s) or caretaker relative of the child, the second county is responsible for eligibility and payment.

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EXAMPLE

A child receiving AFDC from County A moves to County B to live with his mother, who is receiving AFDC from County B for her three children. The mother requests aid for the transferred child. ~~County A is responsible for payment of AFDC for the transferred child for the duration of the transferred period. This is calculated at \$88. County B becomes responsible for eligibility and payment. The child is added to the existing AU in County B.~~

Maximum Aid (five persons) \$713 *

Maximum Aid (four persons) 625 *

Difference \$ 88

* MAP amounts are subject to change. Use currently applicable amounts specified in Section 44-315.411.

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- (c) Application If the new AU consists of the transferred child plus one or more applicants for aid who are not the parent(s) or caretaker relative of the child, the first county remains responsible for eligibility and payment. The first county processes the request to be added to the existing AU in the first county.

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A child receiving AFDC from County A moves to County B to live with his mother. Also in the home are three of the mother's other children. The mother and the other children are unaided, but the mother requests aid for herself and also for these children. County A remains responsible for eligibility and payment. The mother and children are added to the existing AU in County A.

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- .223 County Agreement The second county may arrange for transfer of responsibility with the first county prior to the end of the transfer period pursuant to Section 40-189.126.

224 Homeless Assistance

When an AU requests homeless assistance the second county is responsible for following up with the first county as part of the determination of eligibility for homeless assistance. see Section 44-211.515. The MAP amount for the county of residence is used.

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See Section 44-211.5.

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+a)

The second county is responsible from the date of the request for issuing the payment for homeless assistance.

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Amend Section 44-211 to read:

44-211 SPECIAL NEEDS IN AFDC

.5 Homeless Assistance

.51 General (Continued)

.515 In intercounty transfer cases, the CWD where the AU resides from which the homeless assistance payment is requested is shall be responsible for following up with the other CWD as part of the homeless assistance eligibility determination and issuance of the homeless assistance payment from the date of the request. For temporary homeless assistance, this is the county in which the AU is physically located and intends to reside. For permanent homeless assistance, this is the county in which the projected residence is located.

(a) The CWD from which homeless assistance is requested is responsible from the date of the request for making the homeless assistance eligibility determination and issuing the homeless assistance payment.

Eligibility for and the amount of payment for homeless assistance shall be determined using the MAP amount for the county where the AU resides.

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See Section 40-187.224.

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kAmend Section 40-187.222 and .224 to read:

44-115 EVALUATION OF INCOME IN-KIND

44-115

.1 (cont.)

.2 (cont.)

.3 (cont.)

.31 (cont.)

.311 (cont.)

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(a) ~~In Kind Income Tables: Effective July 1, 1995, in kind income values for housing, utilities, food and clothing shall be as follows:~~

Monthly In Kind Income Values

<u>Size of FBU</u>	<u>Housing</u>	<u>Utilities Including Telephone</u>	<u>Food</u>	<u>Clothing</u>
1	\$161.00	\$34.00	\$90.00	\$27.00
2	\$217.00	\$39.00	\$191.00	\$52.00
3	\$237.00	\$42.00	\$244.00	\$79.00
4	\$248.00	\$44.00	\$301.00	\$105.00
5	\$248.00	\$44.00	\$363.00	\$133.00
6	\$248.00	\$44.00	\$422.00	\$157.00
7	\$248.00	\$44.00	\$470.00	\$187.00
8	\$248.00	\$44.00	\$515.00	\$209.00
9	\$248.00	\$44.00	\$565.00	\$239.00
10	\$248.00	\$44.00	\$612.00	\$261.00

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INCOME IN-KIND AMOUNTS - REGION 1

# in AU	Housing	Utilities	Food	Clothing
1	163	34	90	27
2	218	39	192	53
3	238	42	246	79
4	250	44	303	105
5	250	44	365	133
6	250	44	424	159
7	250	44	473	188
8	250	44	517	210
9	250	44	568	240
10	250	44	615	263

INCOME IN-KIND AMOUNTS - REGION 2

# in AU	Housing	Utilities	Food	Clothing
1	155	34	90	27
2	207	39	192	53
3	226	42	246	79
4	238	44	303	105
5	238	44	365	133
6	238	44	424	159
7	238	44	473	188
8	238	44	517	210
9	238	44	568	240
10	238	44	614	263

(b) (cont.)

HANDBOOK ENDS HERE

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Authority Cited: Sections 10553, 10554, 11450 and 11453, Welfare and Institutions Code.

Reference: Sections 11450, 11450.015, 11452, 11452.018 and 11453, Welfare and Institutions Code; and Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992.

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Amend Handbook Sections 44-315.311 and .38 to read:

44-315 AMIOUNT OF AID (Continued)

44-315

.3 Amount of Grant

.31 MBSAC (cont.)

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.311 MBSAC and MAP Levels

(a) ~~MBSAC AND MAP STANDARDS EFFECTIVE 06/01/96~~

# in AU	MBSAC	105% of MBSAC		MAP*		00% of MAP*	
		Non Exempt	Exempt	Non Exempt	Exempt	Non Exempt	Exempt
1	662	358	293	326	234	260	
2	1087	588	479	535	383	428	
3	1350	730	594	663	475	530	
4	1602	866	707	788	565	630	
5	1827	988	806	899	644	719	
6	2055	1111	905	1010	724	808	
7	2257	1220	994	1109	795	887	
8	2458	1329	1083	1209	866	967	
9	2665	1441	1170	1306	936	1044	
10 or more**	2895	1565	1257	1403	1005	1122	

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REGION 1 MBSAC/MAP STANDARDS EFFECTIVE 01/01/97

<u># in AU</u>	<u>185%</u>	<u>MBSAC</u>	<u>EXEMPT</u>		<u>NONEXEMPT</u>	
			<u>MAP</u>	<u>80%</u>	<u>MAP</u>	<u>80%</u>
<u>1</u>	<u>667</u>	<u>361</u>	<u>311</u>	<u>248</u>	<u>279</u>	<u>223</u>
<u>2</u>	<u>1095</u>	<u>592</u>	<u>509</u>	<u>407</u>	<u>456</u>	<u>364</u>
<u>3</u>	<u>1359</u>	<u>735</u>	<u>631</u>	<u>504</u>	<u>565</u>	<u>452</u>
<u>4</u>	<u>1613</u>	<u>872</u>	<u>750</u>	<u>600</u>	<u>673</u>	<u>538</u>
<u>5</u>	<u>1838</u>	<u>994</u>	<u>855</u>	<u>684</u>	<u>767</u>	<u>613</u>
<u>6</u>	<u>2068</u>	<u>1118</u>	<u>961</u>	<u>768</u>	<u>861</u>	<u>689</u>
<u>7</u>	<u>2271</u>	<u>1228</u>	<u>1055</u>	<u>844</u>	<u>946</u>	<u>756</u>
<u>8</u>	<u>2475</u>	<u>1338</u>	<u>1150</u>	<u>920</u>	<u>1030</u>	<u>824</u>
<u>9</u>	<u>2684</u>	<u>1451</u>	<u>1243</u>	<u>994</u>	<u>1113</u>	<u>890</u>
<u>10 or more*</u>	<u>2913</u>	<u>1575</u>	<u>1335</u>	<u>1068</u>	<u>1196</u>	<u>956</u>

REGION 2 MBSAC/MAP STANDARDS EFFECTIVE 01/01/97

<u># in AU</u>	<u>185%</u>	<u>MBSAC</u>	<u>EXEMPT</u>		<u>NONEXEMPT</u>	
			<u>MAP</u>	<u>80%</u>	<u>MAP</u>	<u>80%</u>
<u>1</u>	<u>634</u>	<u>343</u>	<u>295</u>	<u>236</u>	<u>266</u>	<u>212</u>
<u>2</u>	<u>1041</u>	<u>563</u>	<u>485</u>	<u>388</u>	<u>434</u>	<u>347</u>
<u>3</u>	<u>1293</u>	<u>699</u>	<u>601</u>	<u>481</u>	<u>538</u>	<u>430</u>
<u>4</u>	<u>1533</u>	<u>829</u>	<u>714</u>	<u>571</u>	<u>641</u>	<u>512</u>
<u>5</u>	<u>1748</u>	<u>945</u>	<u>814</u>	<u>651</u>	<u>730</u>	<u>584</u>
<u>6</u>	<u>1966</u>	<u>1063</u>	<u>914</u>	<u>731</u>	<u>819</u>	<u>656</u>
<u>7</u>	<u>2160</u>	<u>1168</u>	<u>1004</u>	<u>803</u>	<u>900</u>	<u>720</u>
<u>8</u>	<u>2353</u>	<u>1272</u>	<u>1094</u>	<u>875</u>	<u>980</u>	<u>784</u>
<u>9</u>	<u>2553</u>	<u>1380</u>	<u>1183</u>	<u>946</u>	<u>1059</u>	<u>847</u>
<u>10 or more*</u>	<u>2771</u>	<u>1498</u>	<u>1270</u>	<u>1016</u>	<u>1138</u>	<u>910</u>

HANDBOOK CONTINUES

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* See MPP Section 89-110.2 for definition of Exempt and Nonexempt AUs.

** For MBSAC add fourteen dollars (\$14) for each additional needy person.

REGION 1 COUNTIES			REGION 2 COUNTIES		
Alameda	Orange	Santa Clara	Alpine	Lake	San Bernardino
Contra Costa	San Diego	Santa Cruz	Amador	Lassen	San Joaquin
Los Angeles	San Francisco	Solano	Butte	Madera	Shasta
Marin	San Luis Obispo	Sonoma	Calaveras	Mariposa	Sierra
Monterey	San Mateo	Ventura	Colusa	Mendocino	Siskiyou
Napa	Santa Barbara		Del Norte	Merced	Stanislaus
			El Dorado	Modoc	Sutter
			Fresno	Mono	Tehama
			Glenn	Nevada	Trinity
			Humboldt	Placer	Tulare
			Imperial	Plumas	Tuolumne
			Inyo	Riverside	Yolo
			Kern	Sacramento	Yuba
			Kings	San Benito	

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.32 through .37 (cont.)

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.38 Computation Examples

(a) Example 1

A nonexempt AU of 4 persons in a Region 1 county has net nonexempt income (net countable income) of \$25 and special needs of \$10. The MBSAC (Basic Need) for the AU is \$866872 and the MAP (Maximum Aid-Payment) for the AU is \$707673.

The computation is shown below (it parallels the Notice of Action format):

1.	Basic Need for 4 Persons	\$ 866872
2.	Special Needs	+ 10
3.	Net Countable Income	25
4.	Basic Need Subtotal	= 85157
5.	Maximum Aid for 4 Person	\$ 707673
6.	Special Needs	+ 10
7.	Maximum Aid Subtotal	= 717683
8.	Full Month Aid Subtotal (Lower Amount on Line 4 or 7)	= 717683

(b) Example 2

A exempt AU of 4 persons in a Region 2 county has net nonexempt income (net countable income) of \$625 and special needs of \$10. The MBSAC (Basic Need) for the AU is \$866829 and the MAP (Maximum Aid-Payment) for the AU is \$708714.

The computation is shown below (it parallels the Notice of Action format):

1.	Basic Need for 4 Persons	\$ 866829
2.	Special Needs	+ 10
3.	Net Countable Income	625
4.	Basic Need Subtotal	= 25114
5.	Maximum Aid for 4 Person	\$ 708714
6.	Special Needs	+ 10
7.	Maximum Aid Subtotal	= 70824
8.	Full Month Aid Subtotal (Lower Amount on Line 4 or 7)	= 25114

HANDBOOK ENDS HERE

Authority Cited: Sections 10553, 10554, 11209, 11450, 11450(g), Welfare and Institutions Code.

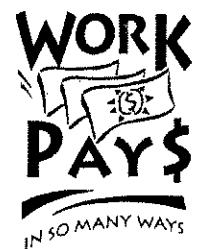
Reference: Sections 10553, 10554, 11209, 11450, 11450(g), 11450.018(a) and (b), 11452.018(a) and 11453, Welfare and Institutions Code; Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; and Letters from the Department of Health and Human Services, Administration for Children and Families, dated February 29, 1996, March 11, 1996 and March 12, 1996.

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ATTACHMENT 3 - Mass Change Informing Stuffers

State Law Changes MAPs For Cash Aid Recipients

As of January 1, 1997, the Maximum Aid Payment (MAP) for most families will be lowered. State law placed all of the counties into Region 1 or Region 2. You currently live in a Region 1 county so the MAP will be lowered by 4.9%. If you move to another county, the MAP may be different.



Don't ask for a State Hearing or call the County about this change now. You will get a Notice of Action (NOA) in December showing your new aid amount starting January 1 because of the MAP change. When you get the NOA, you will be able to ask for a state hearing if you want.

If cash aid is your only income, you will have less money to meet your family's needs. You will need to plan for this change. Families can make up for the reduction by working a few hours a month at a minimum wage job.

Food Stamp changes:

Most families get more Food Stamps when they get less cash aid. Most families get less Food Stamps when they get more cash aid. You will get a separate notice if your Food Stamps change due to other changes in the household income or circumstances.

If you need information about the MAP change, please call:

- toll-free 1-800-248-8068
- TDD for the hearing impaired 1-800-952-8349

New MAP Tables for Region 1

These new MAP tables show how your cash aid may change.

This Table shows the MAP for families that get lower MAP:

Persons on aid	Old MAP	New MAP	Decrease in MAP
1	\$ 293	\$ 279	\$ 14
2	479	456	23
3	594	565	29
4	707	673	34
5	806	767	39
6	905	861	44
7	994	946	48
8	1083	1030	53
9	1170	1113	57
10 or more	1257	1196	61

This Table shows the MAP for families that get higher MAP:

Persons on aid	Old MAP	New MAP	Decrease in MAP
1	\$ 326	\$ 311	\$ 15
2	535	509	26
3	663	631	32
4	788	750	38
5	899	855	44
6	1010	961	49
7	1109	1055	54
8	1209	1150	59
9	1306	1243	63
10 or more	1403	1335	68

State Law Changes MAPs For Cash Aid Recipients

As of January 1, 1997, the Maximum Aid Payment (MAP) for most families will be lowered. State law placed all of the counties into either Region 1 or Region 2. You currently live in a Region 2 county so the MAP will be lowered by 9.56%. The Minimum Basic Standard of Adequate Care (MBSAC) will also be lowered for most families in Region 2. If you move to another county, the MAP and MBSAC may be different.

Don't ask for a State Hearing or call the County about this change now. You will get a Notice of Action (NOA) in December showing your new aid amount starting January 1 because of the MAP change. When you get the NOA, you will be able to ask for a state hearing if you want.

If cash aid is your only income, you will have less money to meet your family's needs. You will need to plan for this change. Families can make up for the reduction by working a few hours a month at a minimum wage job.

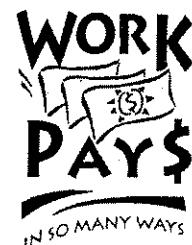
Food Stamp changes:

Most families get more Food Stamps when they get less cash aid. Most families get less Food Stamps when they get more cash aid. You will get a separate notice if your Food Stamps change due to other changes in the household income or circumstances.

New MBSAC Table for Region 2

This Table shows the MBSAC for Region 2:

Persons on Aid	Old MBSAC	New MBSAC
1	\$ 361	\$ 343
2	592	563
3	735	699
4	872	829
5	994	945
6	1118	1063
7	1228	1168
8	1338	1272
9	1451	1380
10 or more	1575	1498



New MAP Tables for Region 2

These new MAP tables show how your cash aid may change.

This Table shows the MAP for families that get lower MAP:

Persons on aid	Old MAP	New MAP	Decrease in MAP
1	\$ 293	\$ 266	\$ 27
2	479	434	45
3	594	538	56
4	707	641	66
5	806	730	76
6	905	819	86
7	994	900	94
8	1083	980	103
9	1170	1059	111
10 or more	1257	1138	119

This Table shows the MAP for families that get higher MAP:

Persons on aid	Old MAP	New MAP	Decrease in MAP
1	\$ 326	\$ 295	\$ 31
2	535	485	50
3	663	601	62
4	788	714	74
5	899	814	85
6	1010	914	96
7	1109	1004	105
8	1209	1094	115
9	1306	1183	123
10 or more	1403	1270	133

If you need information about the MAP change, please call:

- toll-free 1-800-248-8068
- TDD for the hearing impaired 1-800-952-8349

ATTACHMENT 4

NOTICE OF ACTION (NOA) MESSAGES

The following NOA messages are attached:

M44-315B (10/96) - Aid Payment Levels: Change-ICT between Regions

The M44-315B message was developed to change cash aid when the recipient moves between the two different regions.

T44-315a (10/96) - 4.9% MAP Reductions: Change

The T44-315a temporary message was developed to implement current cases that are in Region 1. This message is formatted in English due to its temporary function.

T44-315b (10/96) - 9.56% MAP Reductions: Change

The T44-315b temporary message was developed to implement current cases that are in Region 2. This message is formatted in English due to its temporary function.

STATE HEARINGS

Counties are to forward copies of hearing requests based only on the 4.9 % or 9.56% cash aid reductions to the following address:

California Dept. Of Social Services
Administrative Adjudications Div.
P.O. BOX 944243, M.S. 19-98
Sacramento, CA 94244-2430

INSTRUCTIONS FOR UPDATING THE AFDC NOA HANDBOOK

- o M44-315B (10/96) Insert in the AFDC NOA Handbook.
- o T44-315a (10/96) Do not insert in the AFDC NOA Handbook.
- o T44-315b (10/96) Do not insert in the AFDC NOA Handbook.

State of California
Department of Social Services

Noa Msg Doc No.: M44-315B Page 1 of 1
Action : Change
Issue: Aid Payment Levels
Title: ICT between Reg-1 and Reg-2
MAP Increase/Decrease

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-315.311(a), 40-189

Use Form No. : NA 200
Original Date : 11/1/96, new
Revision Date :

MESSAGE:

As of _____, the County is changing
your cash aid from \$_____ to \$_____.

Here's why:

- [] On January 1, 1997, a change in State law lowered the Maximum Aid a total of 4.9 percent in the county where you are now living. The Maximum Aid in this county is higher than the county you were living in before.
- [] On January 1, 1997, a change in State law lowered the Maximum Aid about 9.56 percent in the county where you are now living. The Maximum Aid in this county is lower than the county you were living in before.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use this message when the ONLY reason for the action is a change in the MAP due to an intercounty transfer between Region-1 and Region-2. This would be used by the receiving county.

file : pkian/MSERIES/ap.44315B

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date :	_____
Case Name :	_____
Number Worker Name :	_____
Number :	_____
Telephone:	_____
Address :	_____

(ADDRESSEE)



Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is changing your cash aid from \$ _____ to \$ _____.

Here's why:

As of January 1, 1997, a change in State Law will lower the Maximum Aid that you can get by 4.9 percent.

If you want to know more about this State law change, you may call toll-free:

1-800-248-8068

TDD for hearing impaired:

1-800-952-8349

If you want a State Hearing on the drop in cash aid required by State law, you need to know that the judge who hears your case will not be able to increase your aid if your only complaint or problem is the law change itself.

If you think there is a mistake in your cash aid or if you have problems besides the drop in cash aid required by State law, you may want to file a State Hearing.

Your new cash aid amount is figured on this notice.

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Earned Income.....	\$ _____
Work Expense Disregard.....	- _____
\$30 and 1/3 Disregard.....	- _____
Dependent Care Disregard.....	- _____
Other Countable Income -- Sources: _____	+ _____
_____	+ _____
Court Ordered Support You Paid.....	- _____
Net Countable Income.....	= _____

Section B. Your Cash Aid, Month of _____

1. Basic Need, _____ Persons.....	\$ _____
2. Special Needs	+ _____
3. Net Countable Income from Section A	- _____
4. Basic Need Subtotal.....	= _____
5. Maximum Aid, _____ Persons	\$ _____
6. Special Needs	+ _____
7. Maximum Aid Subtotal	= _____
8. Full Month Aid Subtotal (Lower Amount on Line 4 or 7)	= _____
9. Line 8 Prorated for Part of Month	= _____
10. Adjustments: Collect Overpayment	- _____
10a. Cal-Learn Penalty	- _____
10b. Cal-Learn Bonus	+ _____
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	= _____

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP 44-315

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date :	_____
Case Name :	_____
Number :	_____
Worker Name :	_____
Number :	_____
Telephone:	_____
Address :	_____

(ADDRESSEE)



Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is changing your cash aid from
\$ _____ to \$ _____.

Here's why:

As of January 1, 1997, a change in State Law will lower the Maximum Aid that you can get by 9.56 percent.

If you want to know more about this State law change, you may call toll-free:

1-800-248-8068

TDD for hearing impaired:

1-800-952-8349

If you want a State Hearing on the drop in cash aid required by State law, you need to know that the judge who hears your case will not be able to increase your aid if your only complaint or problem is the law change itself.

If you think there is a mistake in your cash aid or if you have problems besides the drop in cash aid required by State law, you may want to file a State Hearing.

Your new cash aid amount is figured on this notice.

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Earned Income.....	\$ _____
Work Expense Disregard.....	- _____
\$30 and 1/3 Disregard.....	- _____
Dependent Care Disregard.....	- _____
Other Countable Income -- Sources:	
+ _____	
+ _____	
Court Ordered Support You Paid.....	- _____
Net Countable Income.....	= _____

Section B. Your Cash Aid, Month of _____

1. Basic Need, _____ Persons.....	\$ _____
2. Special Needs	+ _____
3. Net Countable Income from Section A	- _____
4. Basic Need Subtotal.....	= _____
5. Maximum Aid, _____ Persons	\$ _____
6. Special Needs	+ _____
7. Maximum Aid Subtotal	= _____
8. Full Month Aid Subtotal (Lower Amount on Line 4 or 7)	= _____
9. Line 8 Prorated for Part of Month	= _____
10. Adjustments: Collect Overpayment	- _____
10a. Cal-Learn Penalty	- _____
10b. Cal-Learn Bonus	+ _____
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	= _____

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP 44-315

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación :	_____
Nombre del caso :	_____
Número	_____
Nombre del trabajador :	_____
Número	_____
Teléfono	_____
Dirección	_____

(ADDRESSEE)



¿Tiene preguntas? Comuníquese con su trabajador.



Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja, se le explica cómo solicitarla. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

A partir del _____ el condado cambiará su asistencia monetaria de \$ _____ a \$ _____.

La razón es la siguiente:

- A partir del 1º de enero de 1997, un cambio en las leyes del estado redujo la asistencia máxima un 4.9 por ciento en el condado en el que usted vive ahora. La asistencia máxima de este condado es más alta que la del condado en el que vivía antes.
- A partir del 1º de enero de 1997, un cambio en las leyes del estado redujo la asistencia máxima alrededor de un 9.56 por ciento en el condado en el que usted vive ahora. La asistencia máxima de este condado es más baja que la del condado en el que vivía antes.

En esta notificación se calcula su nueva cantidad de asistencia monetaria.

Cantidad mensual de asistencia monetaria

Sección A. Ingresos contables del mes de _____

Total de ingresos ganados..... \$ _____
Deducción por gastos de trabajo..... - _____
Deducción de \$30 y 1/3..... - _____
Deducción por cuidado de personas a su cargo ... - _____
Otros ingresos contables (enumere las fuentes):
_____ + _____
_____ + _____

Mantenimiento que pagó por orden de la corte..... - _____

Ingresos netos contables = _____

Sección B. Su asistencia monetaria del mes de _____

1. Necesidades básicas, _____ personas ... \$ _____
2. Necesidades especiales..... + _____
3. Ingresos netos contables de la Sección A..... - _____
4. Subtotal de necesidades básicas = _____

5. Asistencia máxima, _____ personas.... \$ _____

6. Necesidades especiales..... + _____

7. Subtotal de asistencia máxima..... = _____

8. Subtotal de asistencia del mes completo

(Cantidad menor del renglón 4 ó 7)..... = _____

9. Renglón 8 prorrateado para parte del mes = _____

10. Ajustes: cobro por pago excesivo - _____

10a. por una sanción de Cal-Learn*.... - _____

10b. por una cantidad adicional de Cal-Learn.... + _____

11. **Cantidad mensual de asistencia monetaria**

(Renglón 8 ó 9 incluyendo los ajustes) .. = _____

*Cal-Learn es un programa de California para la educación de los padres adolescentes que reciben Asistencia para Familias con Niños Necesitados (*Aid to Families with Dependent Children-AFDC*).

Medi-Cal: Esta notificación NO cambia ni suspende sus beneficios del Programa de Asistencia Médica de California (Medi-Cal). Conserve sus tarjetas de plástico de identificación de beneficios.

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: 44-315.311(a), 40-189

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación :	_____
Nombre del caso :	_____
Número	_____
Nombre del trabajador	_____
Número	_____
Teléfono	_____
Dirección	_____

(ADDRESSEE)



¿Tiene preguntas? Comuníquese con su trabajador.



Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja, se le explica cómo solicitarla. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

A partir del _____ el condado cambiará su asistencia monetaria de \$ _____ a \$ _____.

La razón es la siguiente:

A partir del 1º de enero de 1997, un cambio en las leyes del estado reducirá la asistencia máxima que usted puede recibir un 4.9 por ciento.

Si quiere saber más acerca de este cambio de las leyes del estado, puede llamar gratuitamente al:

1-800-248-8068

Las personas sordas que usan equipo de telecomunicación (*Telecommunication Device for the Deaf – TDD*) pueden llamar al:

1-800-952-8349

Si quiere una audiencia con el estado en relación a la reducción de la asistencia monetaria ordenada por las leyes del estado, usted necesita estar enterado de que el juez que presida su caso **no podrá incrementar su asistencia si la única queja o el único problema de usted es el cambio mismo de la ley.**

Si cree que se ha cometido un error en relación a su asistencia monetaria, o si tiene otros problemas además de la reducción de la asistencia monetaria ordenada por las leyes del estado, quizás quiera presentar una petición para una audiencia.

En esta notificación se calcula su nueva cantidad de asistencia monetaria.

Medi-Cal: Esta notificación NO cambia ni suspende sus beneficios del Programa de Asistencia Médica de California (Medi-Cal). **Conserve sus tarjetas de plástico de identificación de beneficios.**

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP 44-315

Cantidad mensual de asistencia monetaria

Sección A. Ingresos contables del mes de _____

Total de ingresos ganados \$ _____
Deducción por gastos de trabajo - _____
Deducción de \$30 y 1/3 - _____
Deducción por cuidado de personas a su cargo ... - _____
Otros ingresos contables (enumere las fuentes):
_____ + _____
_____ + _____

Mantenimiento que pagó por orden de la corte - _____
Ingresos netos contables = _____

Sección B. Su asistencia monetaria del mes de _____

1. Necesidades básicas, _____ personas ... \$ _____
2. Necesidades especiales + _____
3. Ingresos netos contables de la Sección A..... - _____
4. Subtotal de necesidades básicas = _____

5. Asistencia máxima, _____ personas.... \$ _____
6. Necesidades especiales + _____
7. Subtotal de asistencia máxima = _____
8. **Subtotal de asistencia del mes completo**
(Cantidad menor del renglón 4 ó 7)..... = _____
9. Renglón 8 prorratizado para parte del mes = _____
10. Ajustes: cobro por pago excesivo + _____
- 10a. por una sanción de Cal-Learn* - _____
- 10b. por una cantidad adicional de Cal-Learn... + _____
11. **Cantidad mensual de asistencia monetaria**
(Renglón 8 ó 9 incluyendo los ajustes) .. = _____

*Cal-Learn es un programa de California para la educación de los padres adolescentes que reciben Asistencia para Familias con Niños Necesitados (*Aid to Families with Dependent Children-AFDC*).

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación :	_____
Nombre del caso :	_____
Número	:
Nombre del trabajador	_____
Número	:
Teléfono	_____
Dirección	_____

(ADDRESSEE)



A partir del _____ el condado cambiará su asistencia monetaria de \$ _____ a \$ _____.

La razón es la siguiente:

A partir del 1º de enero de 1997, un cambio en las leyes del estado reducirá la asistencia máxima que usted puede recibir alrededor de un 9.56 por ciento.

Si quiere saber más acerca de este cambio de las leyes del estado, puede llamar gratuitamente al:

1-800-248-8068

Las personas sordas que usan equipo de telecomunicación (*Telecommunication Device for the Deaf – TDD*) pueden llamar al:

1-800-952-8349

Si quiere una audiencia con el estado en relación a la reducción de la asistencia monetaria ordenada por las leyes del estado, usted necesita estar enterado de que el juez que presida su caso no podrá incrementar su asistencia si la única queja o el único problema de usted es el cambio mismo de la ley.

Si cree que se ha cometido un error en relación a su asistencia monetaria, o si tiene otros problemas además de la reducción de la asistencia monetaria ordenada por las leyes del estado, quizás quiera presentar una petición para una audiencia.

En esta notificación se calcula su nueva cantidad de asistencia monetaria.

Medi-Cal: Esta notificación NO cambia ni suspende sus beneficios del Programa de Asistencia Médica de California (Medi-Cal). **Conserve sus tarjetas de plástico de identificación de beneficios.**

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP 44-315

¿Tiene preguntas? Comuníquese con su trabajador.

Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja, se le explica cómo solicitarla. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

Cantidad mensual de asistencia monetaria

Sección A. Ingresos contables del mes de _____

Total de ingresos ganados.....\$ _____
Deducción por gastos de trabajo.....- _____
Deducción de \$30 y 1/3.....- _____
Deducción por cuidado de personas a su cargo... - _____
Otros ingresos contables (enumere las fuentes):
_____ + _____
_____ + _____

Mantenimiento que pagó por orden de la corte.....- _____
Ingresos netos contables = _____

Sección B. Su asistencia monetaria del mes de _____

1. Necesidades básicas, _____ personas ... \$ _____
2. Necesidades especiales.....+ _____
3. Ingresos netos contables de la Sección A.....- _____
4. Subtotal de necesidades básicas= _____

5. Asistencia máxima, _____ personas.... \$ _____
6. Necesidades especiales.....+ _____
7. Subtotal de asistencia máxima.....= _____
8. **Subtotal de asistencia del mes completo**
(Cantidad menor del renglón 4 ó 7).....= _____
9. Renglón 8 prorrteado para parte del mes = _____
10. Ajustes: cobro por pago excesivo- _____
- 10a. por una sanción de Cal-Learn*.... - _____
- 10b. por una cantidad adicional de Cal-Learn.... + _____
11. **Cantidad mensual de asistencia monetaria**
(Renglón 8 ó 9 incluyendo los ajustes) .. = _____

*Cal-Learn es un programa de California para la educación de los padres adolescentes que reciben Asistencia para Familias con Niños Necesitados (*Aid to Families with Dependent Children-AFDC*).

ATTACHMENT 5 - Summary of Changes

SUMMARY OF MAP AND MBSAC CHANGES

REGION 1 EXEMPT MAPs							
# in AU	Current	New	Drop	# in AU	Current	New	Drop
1	326	311	15	6	1010	961	49
2	535	509	26	7	1109	1055	54
3	663	631	32	8	1209	1150	59
4	788	750	38	9	1306	1243	63
5	899	855	44	10 +	1403	1335	68

REGION 1 NONEXEMPT MAPs							
# in AU	Current	New	Drop	# in AU	Current	New	Drop
1	293	279	14	6	905	861	44
2	479	456	23	7	994	946	48
3	594	565	29	8	1083	1030	53
4	707	673	34	9	1170	1113	57
5	806	767	39	10 +	1257	1196	61

REGION 2 EXEMPT MAPs							
# in AU	Current	New	Drop	# in AU	Current	New	Drop
1	326	295	31	6	1010	914	96
2	535	485	50	7	1109	1004	105
3	663	601	62	8	1209	1094	115
4	788	714	74	9	1306	1183	123
5	899	814	85	10 +	1403	1270	133

REGION 2 NONEXEMPT MAPs							
# in AU	Current	New	Drop	# in AU	Current	New	Drop
1	293	266	27	6	905	819	86
2	479	434	45	7	994	900	94
3	594	538	56	8	1083	980	103
4	707	641	66	9	1170	1059	111
5	806	730	76	10 +	1257	1138	119

Attachment 5
PAGE 2

REGION 2 MBSACs							
# in AU	Current	New	Drop	# in AU	Current	New	Drop
1	361	343	18	6	1118	1063	55
2	592	563	29	7	1228	1168	60
3	735	699	36	8	1338	1272	66
4	872	829	43	9	1451	1380	71
5	994	945	49	10 +	1575	1498	77

INCOME IN-KIND AMOUNTS					
# in AU	Housing		Utilities	Food	Clothing
	Region 1	Region 2			
1	163	155	34	90	27
2	218	207	39	192	53
3	238	226	42	246	79
4	250	238	44	303	106
5	250	238	44	366	134
6	250	238	44	424	159
7	250	238	44	473	188
8	250	238	44	518	210
9	250	238	44	569	240
10	250	238	44	615	263

FOOD STAMP CHANGE

As of July 1, 1996, the Minimum Basic Standard of Adequate Care for AFDC is increased by 0.36 percent. If your cash aid goes up, this change may lower your food stamps.

CAMBIO EN LAS ESTAMPILLAS PARA COMIDA

A partir del 1 de julio de 1996, ha aumentado el Criterio Mínimo Básico de Cuidado Adecuado para AFDC un 0.36 por ciento. Si su asistencia monetaria aumenta, este cambio pudiera reducir sus estampillas para comida.

ការថ្លាស់ប្លូរនៃបណ្តុះពិច្ចមួយ

ចាប់ពីថ្ងៃទី ១ ខែកញ្ញា ឆ្នាំ១៩៩៦ ចំនួនការតិចចិត្តបំផុតសំរាប់ការអេគ្រិយាភ័យក្រុម្ភៈគ្រាល់ (Minimum Basic Standard of Adequate Care) នៃជំនាញ AFDC ត្រូវបានកែលើចំនួន ០,៣៦ភាព (0.36%) ។ ហើយនេះជាការដែលមិនមែនការថ្លាស់ប្លូរបណ្តុះពិច្ចមួយទេ ប៉ុន្មានការថ្លាស់ប្លូរបណ្តុះពិច្ចមួយនឹងធ្វើឡើងឡើងដែលមិនមែនការថ្លាស់ប្លូរបណ្តុះពិច្ចមួយទេ។

Cambodian

SỰ THAY ĐỔI VỀ TRỢ CẤP PHIẾU THỰC PHẨM

Kể từ ngày 1 tháng 7 năm 1996, Mức Tiêu Chuẩn Căn Bản Tối Thiểu Về Lợi Túc Đủ Để Sinh Sống (*Minimum Basic Standard of Adequate Care*) của Trợ Cấp Cho Các Gia đình Có Con Em Nhỏ (*AFDC*) được tăng lên 0.36 phần trăm. Nếu trợ cấp tiền mặt của quý vị tăng lên thì trợ cấp phiếu thực phẩm của quý vị có thể bị giảm xuống.

Vietnamese

ການປັ້ງແປງຢູ່ໃນໂຄງການបັດຊ້ອາຫານ

ເລື່ມຕົ້ງແຕ່ວັນທີ 1 ເດືອນກໍລະກະດາ 1996 ນີ້ເປັນຕົ້ນໄປ ລາຍໄດ້ພື້ນຖານຂຶດຕໍ່ສຸດສໍາລັບການគອງຂຶບ (*Minimum Basic Standard of Adequate Care*) ຢູ່ໃນໂຄງການເງິນຂ່ວຍເຫລືອ AFDC ໄດ້ເພີ້ມຂຶ້ນໃນຈຳນວນ 0.36 ປີເຊັ່ນ. ຜັ້ນກວ່າເງິນຂ່ວຍເຫລືອຂອງທ່ານເພີ້ມຂຶ້ນ ການປັ້ງແປງກ່າວກ່າວ ອາດຈະ ເຮັດໃຫ້ບັດຊ້ອາຫານຂອງທ່ານຫລຸດລົງ.

Lao

糧食券改變

自1996年7月1日起，貧困子女家庭補助(AFDC)項目下，適當照顧的最低基本標準增加百分之零點三六。假如你的現金補助增多的話，這一改變就會減少你的糧食券。

Chinese